

the therapy of glaucoma, in suitable cases relatively certain in its results, and of facile execution. Three years additional experience with it, however, has convinced the author that this operation entails greater risk than he was first inclined to believe. He, therefore, does not now favor operating in every case of increased tension and would not, like Elliott, operate as a prophylactic measure. Where the tension is relatively low, 30 to 35 mm. without loss of field, miotics have given satisfactory results; where the tension is higher than 30 mm., especially if miotics are without effect, the writer operates in all cases of simple glaucoma, even where the fields have been markedly affected and the visual acuity lowered.

In secondary glaucoma (uveitis with increased tension) the reporter would be very conservative as regards operating. To avoid secondary perforation and infection he recommends making the conjunctival flap as thick as possible and he considers the iridectomy to be, to a certain extent, a preventive measure, in that it prevents secondary prolapse of iris, which event he believes favors perforation, for which reason the prolapse is to be excised whenever it occurs.

The Effects of Various Kinds of Rays upon the Crystalline Lens.—CHALUPECKY (*Wien. med. Wchnschr.*, 1914, pp. 27, 270) has attempted by suitable experiments to gain an insight into the mechanism of the occurrence of opacities of the crystalline lens, following the action of powerful sources of electricity as well as the influences of various kinds of rays. By means of chemical analyses and experiments upon guinea-pigs, he was enabled to confirm Widmark's views as to the direct influence of the ultra-violet rays upon the lens. On the other hand, he was unable to show by his experiments with the Roentgen rays, even with intense radiation, any chemical changes in the structure of the crystalline. A like negative result occurred in his experiments with radium chloride, with Roentgen rays and with mesothorium.

Glaucoma and Blood-pressure.—MACRAE (*Ophthalmoscope*, April, 1915, p. 168) examined 20 cases of primary glaucoma and a number of control cases with a view to determining the influence of the blood-pressure in glaucoma. His results are not uniformly either in favor of, or against, the theory that the average blood-pressure in glaucoma is high, though they tend to oppose that view. That the blood-pressure helps to maintain the eye tension, no one will deny, but the latter may be affected in many ways which have no connection with, and no effect on, blood-pressure; and conversely the blood-pressure may alter greatly without any corresponding observable effect upon the intra-ocular tension. That blood-pressure is of any importance at all in the causation of glaucoma is very doubtful. (It may be recalled that Dunn and Jackson have invariably found the blood-pressure above normal in primary glaucoma.)

Glaucoma in the Young.—From an exhaustive study of the clinical material of the University Eye Clinic of Tubingen, HAAG (*Klin. Monatsbl. f. Augenhk.*, February and March, 1915, p. 133) comes to the following conclusions: General diseased conditions, particularly dis-

turbances of nutrition, were relatively frequent in this series of cases of juvenile glaucoma. Inflammatory glaucoma was about twice as frequent as simple glaucoma, with no decided difference in this respect between the sexes. Of the different states of refraction, myopia was relatively frequent, hypermetropia relatively rare; accordingly disposition of hypermetropic refraction to glaucomatous disease does not exist, while the former is true in the case of myopia; myopia is more frequent in simple than in inflammatory glaucoma. A deep anterior chamber is decidedly more frequent in inflammatory than in simple glaucoma; in fact it is only eyes with myopic refraction which present a deep anterior chamber. Heredity does not appear to play a greater part in juvenile glaucoma than in the same disease in older subjects. Congenital anomalies are frequently present in juvenile glaucoma. The writer's material presented no grounds for assuming an essential difference between the glaucoma of youth and that of age.

Impaired Vision Following Naked-eye Observation of Solar Eclipse.—

SCHULER (*Heidelberg Dissert. Centralbl. f. p. Augen.*, April, 1915, p. 95) reports 26 cases of impairment of sight following the solar eclipse of April 17, 1912, treated at the Heidelberg eye clinic. The treatment there employed consisted of subconjunctival injections of sodium chloride, and the wearing of smoked glasses. More important than such therapeutic measures, the results of which must be doubtful in severe cases, would seem to be an effective prophylaxis. Much suffering might have been averted if, before the eclipse, the public had been enlightened as to the proper measures to be taken for the enjoyment of this rare spectacle. The public press should call attention to the danger of regarding the sun without well-darkened glasses, and even then for a few seconds only, etc.

Operative Treatment of Retinal Detachment.—ELSCHNIG (*Archives of Ophthalmology*, March, 1915, p. 163) summarizes his observations upon the treatment of retinal detachment as follows: Operative treatment is indicated in all cases that do not yield to conservative treatment within six weeks (How many do?). This time limit might be extended in those cases where an iritic irritation appears soon after the occurrence of the detachment. Cases of detachment following old iritis are not included. The operative procedures that come under consideration are: Scleral puncture with injection into the vitreous; and the Müller scleral excision. The less severe procedure should be practiced first, and if unsuccessful, should be repeated after a reasonable interval of time. If still unsuccessful, scleral excision should be carried out; only in cases with large retinal tears should this operation be practiced as a primary procedure. Operative interference should not follow too closely; six weeks at least should intervene. But indications and prognosis can only be established when the causes of the detachment are certainly known.